

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

436

Date Received

08-MAY-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

861580

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13WXW2144903	CHEVROLET TRU	BLAZER	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Manual <input type="checkbox"/> 2-Point Belt			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03273000	Part Name(s) BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 02-MAY-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) _____		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)


Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

REAR BRAKE ROTORS ARE DETERIORATING. DEALER WANT TO USE THE SAME MATERIALS THATS ALREADY ON VEHICLE. CONSUMER DIAPPROVES & WILL GO TO ANOTHER DEALER.*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

DOT Auto Safety Hotline		VEHICLE INFORMATION	
 U.S. Department of Transportation National Highway Traffic Safety Administration Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		AGENCY USE ONLY 438 Date Received <u>MAY 19 AM 8:32</u> <u>08 MAY 2000</u> DEFECTS INVESTIGATION OFFICE Reference No. <u>861580</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of _____ name and address to the vehicle manufacturer. Signature of Owner _____ Date <u>5/15/00</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>1GNDT13WXW2144903</u>	<u>CHEVROLET TRU</u>	<u>BLAZER</u>	<u>1998</u>
Current Odometer Reading			
<u>33,248</u>			
Purchase Date	Dealer's Name	Engine Size (CID/CCL)	<input type="checkbox"/> Turbo
<u>9/28/98</u>	<u>DENNETT Chevrolet</u>	<u>4.3</u>	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>ALLEN TOWN</u> State <u>LA</u> Zip Code <u>18103</u>	No. Cylinders <u>6</u>	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
<u>03273000</u>	<u>BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</u>	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Front	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	<u>02-MAY-2000</u> <u>33,227</u> <u>STATE INSPECTION</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
REAR BRAKE ROTORS ARE DETERIORATING. DEALER WANTS TO USE THE SAME MATERIALS THAT'S ALREADY ON VEHICLE. CONSUMER DISAPPROVES & WILL GO TO ANOTHER DEALER.*AK			
CONTINUE ON BACK IF NEEDED			
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PENN FOREST GARAGE

Tires, Batteries, General Repairs, Towing, State Inspection, Roll-Back Service
 HC2 Box 2703 Jim Thorpe, PA 18229
 (570) 325-2925

Net 30 days. Financing charge 1½% per month
 (18% annum) or minimum of 50 cents.

CUSTOMER'S ORDER NO.		PHONE		DATE		
				5-2-00		
NAME						
[REDACTED]						
ADDRESS						
[REDACTED]						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MISC. RETD.	PAID OUT
			<input checked="" type="checkbox"/>			
QTY.	DESCRIPTION				PRICE	AMOUNT
1	P13980 Oil Filter					8.40
5 gals	5W/30 oil					11.25
	Subs & Svc					12.00
						31.65
						1.91
						<u>33.56</u>
	Does not pass Insp					
	Penn. Brake Rotors (Junk)					
CK 1298 [Signature]						
RECEIVED BY						TAX
						TOTAL

PRODUCT 610

All claims and returned goods must be accompanied by this bill.

To Reorder Call
1-800-225-6380

Thank You

PENN FOREST GARAGE

Tires, Batteries, General Repairs, Towing, State Inspection, Roll-Back Service
 HC2 Box 2703 Jim Thorpe, PA 18229
 (570) 325-2925

Net 30 days. Financing charge 1 1/4% per month
 (18% annum) or minimum of 50 cents.

CUSTOMER'S ORDER NO.		PHONE		DATE		
				5-11-00		
NAME						
[REDACTED]						
ADDRESS						
[REDACTED]						
00						
PAID BY	CASH	C.D.D.	<input checked="" type="checkbox"/>	ON ACCT.	MOSE. RET'D.	PAID OUT
QTY.		DESCRIPTION		PRICE	AMOUNT	
2		State Insp			30.00	
		56707 Rotors		179.90	359.80	
		Labor		2.0	70.-	
					459.80	
				9/4	77.60	
					487.40	
Advice from K-Chau Go after work.						
OK #1301 [Signature] 5/12/00						
RECEIVED BY					TAX	
					TOTAL	

PRODUCT #10

All claims and returned goods must be accompanied by this bill.

To Reorder Call
 1-800-225-8880

Thank You